Entered - 11/02/00 - sb CL 00L0677 - GWENDOLYN BURNS

CLAIM OF: Firemans Fund Insurance as subrogee of Gordon Harper P.O. Box 4032 Rocky Hill, CT 06067

For damages alleged to have been sustained as a result of a vehicular accident on May 30, 2000 at 1940 Northside Drive, NW.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to Firemans Fund Insurance as subrogee of Gordon Harper the sum of \$2,000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on May 30, 2000 at 1940 Northside Drive, NW., as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

is tenedo

APPROVED: SUSAN PEASE LANGFORD CITY ATTORNEY

ROSALIND RUBENS NEWELL DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0677	Date: November 16, 2000	
CODDON HADDED		
Claimant /Victim GORDON HARPER BY: (Atty) (Ins. Co.) FIREMANS FUND INSURANCE		
Address P.O. Poy 4022 Pools: Hill CT 06067	·E	
Address: P.O. Box 4032, Rocky Hill, CT 06067 Subrogation: Claim for Property damage \$_7,4	145 10 Podily Injury \$	
Subrogation: Claim for Property damage \$\frac{1}{2}\]	Doubly Hjury 5	
Date of Notice: 10/23/00 Method: Writte Conforms to Notice: O.C.G.A. §36-33-5	Ante Litem (6 Ma)	
Data of Occurrance 5/20/00 Place:	1640 Northeide Drive NW	
Dane of Occurrence	1040 Northiside Diffe, NW	
Date of Occurrence 5/30/00 Place: Department POLICE Division Employee involved Alton B. Calhoun Disciplin	ary Action: Oral Admonishment - 10/17/00	
Employee involved Anon B. Camoun Biscipini	ary rection. Otal reasons ment 10/17/00	
NATURE OF CLAIM: Claimant's vehicle sustained da	mage when it was struck a city vehicle that "failed to yield	
when entering a roadway".		
<u></u>		
INVESTIGATION:		
Statements: City employee Claimant	Others Oral Oral	
Pictures Diagrams Reports: Police	X Dept Report Other	
Traffic citations issued: City Driver	Claimant Driver	
Citation disposition: City Driver	Claimant Driver	
BASIS OF RECOMMENDATION:		
Function: Governmental X	Ministerial	
Improper Notice More than Six Months	Other Damages reasonable	
City not involved Offer rejected	d Compromise settlement	
Repair/replacement by Ins. Co.	_Repair/replacement by City Forces	
Function: Governmental X Improper Notice More than Six Months City not involved Offer rejected Repair/replacement by Ins. Co. Claimant Negligent City Negligent X	Joint Claim Abandoned	
	Respectfully submitted,	
	0 l	
	\mathcal{A} (1)	
	() hugardall - Dr	
	Comment of the second	
	INVESTIGATOR - GWENDOLYN BURNS	
THE COLUMN AND A MYON		
RECOMMENDATION:		
D. C. 200000	assume shows all 1 A O 1 V 2 TO 1 2 TO 1	
	count charged: 1A01 X 2J01 2H01	
Claims Manager.	Concur/date // /770	
Committee Action:	_Council Action	

	AUG. 3.2000 9:40AM SE_BY MILLER&HARP - LOURN MUR! IN _	1-800-848-0819 Buch
	OUNCIL OF THE CITY OF ATLANTA IUNICIPAL CLERK	RE: CLAIM FOR DAMAGES 11/01/00
C 5:	ity Hall 5 Trinity Avenue, S.W. tlanta, Georgia 30335	Today's Date: 9-8-00 ENTERED - 11-2-00 - SB 00L0677 - GWEN BURNS
D	ear Municipal Clerk:	* Amount is after solvage, etc.
T) ar	his is to notify the City of Atlanta that I have suffered damages ad/or \$ bodily injury for which I cont	in the amount sum of s * 7445 10 ASVENICLE was und the City is liable.
1.	Date of incident: 5-30-00 2. Time (month/day/ year)	of Incident: 3. Police called: Yes No
4.	Location of incident (including street address):	
. 5 .	Name of your insurance company: <u>FIRMONSH</u>	170 Inc
		I poho vehicle pulled out
	and struck Gordon Hay	oper vehicle.
, 7.	ALL ESTIMATES AND DAMAGES ARE SUBJECT T RESULT IN YOUR CLAIM BEING DENIED AND MA	O INSPECTION. THE MAKING OF FALSE CLAIMS WILL Y RESULT IN CRIMINAL PROSECUTION!
8.	The registered owner must make the claim for vehicle dan proof of ownership of your vehicle (copy of the current tag r	nages, complete the following and attach two (2) estimates of repair and eccipt or title).
	Your vehicle: ACUTA Integra 94	933mTw Cormne Harper
	(Make) (Year)	(Tag Number) (Driver's Name)
	City vehicle: FOYA TOLUS ALTONI (Make) (City Driver's	
9.	, , ,	• • • • • • • • • • • • • • • • • • • •
7.	(Name) (Address)	(Telephone Number)
10	The acknowledgment of this claim in no way waives State law, nor is it an admission of liability on behalf of the C	the Sovereign immunity of the City of Atlanta, as granted by City of Atlanta and/or its employee(s).
11.	. This claim should be mailed immediately to the address s	hown above.
	I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.	(Print Claimant's Name)
	Shannin Kinopaske	P.O. Box 4032
	Signature of Claimant JC? 771C	(Address)
	f-800-448-9033	(City, State and Zip Code)
		860-513-3512
		(Work Number) (Home Number)

E75 R 1831 TA

GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 00L0677	\$ <u>2,000.00</u>
I do hereby, for myself, my heirs, executors, adminits officers and employees, from any and all claim expenses, of whatsoever kind or nature for or on ac for or on account of a vehicular accident	ATLANTA, the future receipt of which is hereby acknowledged, nistrators, and assigns, release and forever discharge said City, as, demands, actions, causes of action, suits, damages, loss and ecount of anything that has heretofore occurred, and particularly
which occurred on or about the 30th at or near 1940 Northside Drive, NW	
admission on the part of the City, its officers, age undersigned further covenants and agrees to indem servants and employees, from any and all claims, agents, servants and employees, may be called upon And I now state that the only consideration of the sum stated above; that no other promise or a	payment of the above named sum is not to be considered as an ents, servants or employees, of any liability whatsoever and the nnify and hold harmless the City of Atlanta, its officers, agents, damages or costs which the said City of Atlanta, its officers, on to make as a result of the event hereinbefore referred to. If for my signing this release and indemnification is the payment agreement of any kind or nature has been made to or with me by ease, and that I fully understand the meaning and intent of this
WITNESS my hand and seal this	
	Shann on Kingpowke (LS) FIREMANS FUND INSURANCE as subrogee of Gordon Harper
The above release was read and explained	to, and signed by the said
Shannon Konopaske	in our presence on the date above written.
•	WITNESSES
marilyn R Stawske.	00- ₹ -1911
MARILYN R. STAWSKI NOTARY PUBLIC MY COMMISSION EXPIRES APR. 30, 2004	

SKI GARE SKYNGERE METRIS 0000 PI MON